



## CITY ASSESSOR'S OFFICE

City of Lynchburg, Virginia  
900 Church Street  
Lynchburg, Virginia 24504  
(434) 455-3830

OFFICIAL USE ONLY

Application No. \_\_\_\_\_

### TAX EXEMPTION REHABILITATION STRUCTURES APPLICATION FORM

I hereby request partial exemption from real estate taxes for qualifying property to be rehabilitated as provided City Ordinance Section 36-177 of the Lynchburg City Code.

Owner: \_\_\_\_\_

Location of Property: \_\_\_\_\_

Parcel ID: \_\_\_\_\_

Date Built: \_\_\_\_\_ Estimated Cost of Rehabilitation: \_\_\_\_\_

Check one: ☐ Residential (\$125) ☐ Multifamily (6 units or more) (\$250) ☐ Commercial or Industrial (\$250)

Description of work to be done: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the statements contained in this application are to the best of my knowledge both correct and true and that I have received a copy of the aforementioned ordinance. I have reviewed and understand the requirements of this program. **I also understand that the application fee is non-refundable regardless of whether the property qualifies for the exemption. I further understand that I must complete the work and notify the Assessor's office within two (2) years of the date of this application or this application will expire and I will not be eligible for the exemption.**

Mailing Address: \_\_\_\_\_ Given under my hand this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Owner or Agent: \_\_\_\_\_

\_\_\_\_\_  
Telephone No. \_\_\_\_\_

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Date of Initial Inspection: \_\_\_\_\_ Appraiser: \_\_\_\_\_ Base Value \$ \_\_\_\_\_

Date of Final Inspection: \_\_\_\_\_ Appraiser: \_\_\_\_\_ Rehabilitation Value \$ \_\_\_\_\_

Permit No.: \_\_\_\_\_ Amount of Exemption (if qualifying): \$ \_\_\_\_\_

Date: \_\_\_\_\_ Exemption effective July 1, \_\_\_\_\_

Exemption ends June 30, \_\_\_\_\_

Key Code: **MISC** Accounting Code: **1001-0010-150-05050.2090**